

CHAPERONE REGISTRATION FORM

Please submit one registration form for each chaperone attending.
PLEASE PRINT ALL INFORMATION LEGIBLY

Chaperone Name:

YO SITE:

Name of Youth who will be attending from your site:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Gender:

Age:

Cell Phone or Pager Number (if applicable):

Do you have any medical conditions of which we should be aware? ☐ No ☐ Yes

If Yes, please explain:

Do you have any disabilities that need to be accommodated for you to participate in the Skills Challenge? ☐ No ☐ Yes

If Yes, please explain:

Emergency Contact Information

Name:

Relation:

Phone Numbers: